



CHURCH  
OF THE  
ASCENSION

## Church Nursery Information Sheet

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Numbers \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### INFANT INSTRUCTIONS:

My child is: ☐ Breast-fed ☐ Bottle-fed ☐ drinks from cup

Feeding position: ☐ held ☐ rocked ☐ \_\_\_\_\_

Burp my child: ☐ half-way through feeding ☐ after feeding

Position for burping: ☐ over shoulder ☐ sitting ☐ over lap

Feeding time \_\_\_\_\_ Food allergies \_\_\_\_\_

May the child have animal crackers or cheerios: ☐ Yes ☐ No

Sleeping position: ☐ Back ☐ Stomach ☐ \_\_\_\_\_

Method of going to sleep: ☐ Rock ☐ Crib ☐ Swing ☐ \_\_\_\_\_

### TODDLER INSTRUCTIONS:

Food allergies? \_\_\_\_\_

Is the toddler toilet-trained? ☐ Yes ☐ No

Will they ask to go to the toilet? ☐ Yes ☐ No

Word toddler uses to indicate bathroom need? \_\_\_\_\_

### OTHER INFORMATION / SPECIAL INSTRUCTIONS:

Favorite activities \_\_\_\_\_

Does not like \_\_\_\_\_

Is upset by \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Parent Signature

Date

**PLEASE COMPLETE, DETACH AND RETURN INFORMATION SHEET TO NURSERY.**

Child

Parent/Guardian